

**FORECLOSURE MEDIATION
CERTIFICATE**

JD-CV-108 Rev. 9-13
C.G.S. §§ 49-31k, 49-31l; P.A. 13-136

STATE OF CONNECTICUT
SUPERIOR COURT
JUDICIAL BRANCH
www.jud.ct.gov



Instructions to Homeowner Applicant

1. Use this form if return date in your case is on or after July 1, 2009.
2. Fill out this Certificate form and an Appearance form, JD-CL-12 (available at the courthouse or online at www.jud2.ct.gov/webforms) and file them with the court not more than 15 days after the return date on the Summons.
3. You must mail or deliver a copy of this completed Certificate form to the plaintiff's attorney, or to the plaintiff if the plaintiff is not represented by an attorney.

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Type or Print Legibly

Name of case (<i>Plaintiff on Summons vs. Defendant on Summons</i>)		Docket number (<i>To be filled in by court staff</i>)
Return date (<i>On upper right portion of Summons</i>)	Judicial District of (<i>On upper left portion of Summons</i>)	

Homeowner(s) Information

Your name(s)		
Address (<i>Number, street, town, state, zip code</i>)		
Telephone number ()	Business phone ()	Cell phone ()

- Is this property your primary residence? Yes No
- Do you occupy the property? Yes No
- Is it a 1, 2, 3 or 4 family residential property located in Connecticut? Yes No
- Are you the borrower? Yes No
- Is this a mortgage foreclosure? Yes No

OR

- Is this property owned by a religious organization? Yes No
- Is the property located in Connecticut? Yes No
- Is the religious organization the borrower? Yes No
- Is the the return date in the case on or after October 1, 2011? Yes No

Signed	Print name of person signing	Date signed
--------	------------------------------	-------------

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (*date*) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (<i>Signature of filer</i>)	Print or type name of person signing	Date signed
Mailing address (<i>Number, street, town, state and zip code</i>)		Telephone number

